CALEDON COUGARS BASKETBALL

2026-27
PLAYER MEMBERSHIP FORM

Volunteers – Are you interested in becoming a volunteer (coach / administration / other)? ☐
LEAGUE FEES: $275.00 one child $500.00 2 children

(Please print and complete all sections.)

PLAYER INFORMATION

LAST NAME		FIRST NAME			MIDDLE INITIAL	
ADDRESS				APT. #	CITY	
POSTAL CODE		HOME TELEPHONE NUMBER			PLAYERS EMAIL ADDRESS *(For Coaches Use ONLY)(OPTIONAL)*	
DATE OF BIRTH	YY	MM	DD	GENDER M ☐ F ☐	SCHOOL	

PARENT/GUARDIAN INFORMATION

FIRST & LAST NAME		RELATION TO CHILD *(MOTHER, FATHER, LEGAL GUARDIAN)*
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	EMAIL
FIRST & LAST NAME		RELATION TO CHILD *(MOTHER, FATHER, LEGAL GUARDIAN)*
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	EMAIL

EMERGENCY INFORMATION

FIRST & LAST NAME		RELATION TO CHILD *(MOTHER, FATHER, LEGAL GUARDIAN)*
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	EMAIL

I HAVE READ AND UNDERSTAND THIS AGREEMENT. By submitting this application, I acknowledge having read, understood and agree to the above Mutual Commitment, Release of Liability and Indemnity and further agree to adhere to and abide by all rules, regulations and policies established from time to time by the OBA and by CCBA.

A Parent/Guardian signature is required if child is under the age of eighteen (18).

Parent/Guardian Signature		**PRINT Parent/Guardian Name**		**Date**
Players Signature		**PRINT Players Name**		**Date**

MUTUAL COMMITMENT, RELEASE OF LIABILITY AND INDEMNITY

In consideration of the acceptance by the Caledon Cougars Basketball Association ("CCBA") of your child (the "Child") as a participant in the 2026-27 CCBA League program and the resources (including time, money and energy) invested and utilized by CCBA to develop the Child's skills, learning and enjoyment of the game of basketball further thereto, the Parent/Legal Guardian on behalf of both the Parent/Legal Guardian and the Child (if under 18 years of age):

1. Represents and warrants that the Child is an amateur in good standing;

2. Agrees to pay the appropriate membership fee to CCBA upon request and abide by all rules, regulations and policies established from time to time in CCBA's sole discretion and found on CCBA's website at www.caledoncougars.ca (including, but not limited to the Parent's Code of Conduct and the Player's Code of Conduct);

3. Acknowledges the risks related to the Child's participation in the sport of basketball, which risks could include severe injury and death, and agrees to ensure that at all times during the Child's participation in the 2026-27 CCBA League program (including practices, scrimmages, games, workout sessions and warm up/cool down) the Child shall be provided with and wear appropriate court shoes and gym shorts or gym attire;

4. **(PHOTO RELEASE)** Authorizes CCBA to take photographs or video of the Child of the Parent/Guardian for promotional purposes only and acknowledges that media outlets may provide newspaper, television or digital (internet) coverage of events in which the Child participates on behalf of CCBA, and further authorizes photographs and videos to be taken of the Child and/or Parent/Guardian in this regard;

5. **(GENERAL RELEASE)** Releases the CCBA, its directors, officers, members, coaches, referees and other volunteers from any and all liability and claims and causes of action for any injury, loss, pain and suffering, or other damages or related costs of any kind whatsoever (including all legal fees and costs, including lawyers' fees), howsoever caused, which the Child suffers or incurs as a result of the Child's participation in the 2026-27 CCBA League program, and/or as a result of any photos or video taken of the Child and/or Parent/Guardian as set forth in paragraph 4, above;

6. **(INDEMNIFICATION)** Agrees to indemnify and hold harmless CCBA, its directors, officers, members, coaches, referees, servants and agents with respect to any claims or causes of action whatsoever which may be brought against them by or on behalf of the Child and/or the Parent/Guardian, or by or on behalf of any other person, and/or all damages and losses (including all lawyers' fees and legal costs incurred in connection with any proceeding for injunctive relief pursuant to paragraph 9, below), resulting from the Child's participation in the 2026-27 league program and/or from any photos or video taken of the Child and/or Parent/Guardian as set forth in paragraph 4, above;

7. Represents and warrants that the Child has had a medical check up within 90 days prior to the Child's registration with CCBA and is physically fit to participate in all CCBA programs, including practices, games and training sessions;

8. Acknowledges that CCBA is a member of and maintains insurance coverage through Basketball Ontario ("OBA");

9. Agrees that CCBA may use and disclose the information provided on this registration form if necessary or desirable to obtain membership benefits for all CCBA members; and,

10. Acknowledges and agrees that this document shall bind the Parent/Guardian's and Child's heirs, executors, administrators, assigns and representatives and will be in full force and effect during the Term, and, to the extent reasonably necessary to give it effect, thereafter.

11. **REFUND POLICY – Refunds must be requested no later than two weeks after the start of the session. The amount of refund will be the session fee less a $25.00 administration fee. There will also be a $25.00 administration fee for NSF cheques.**

I HAVE READ AND UNDERSTAND THIS AGREEMENT. By submitting this application, I acknowledge having read, understood and agree to the above Mutual Commitment, Release of Liability and Indemnity and further agree to adhere to and abide by all rules, regulations and policies established from time to time by the OBA and by CCBA.

MEDICAL INFORMATION
AND PARENTAL CONSENT 2026-27

Player Name: _____ Date of Birth: _____

1. Does your child have **ANY** medical conditions of which we should be aware? *(i.e. Allergies, Asthma, Epilepsy, Diabetes, etc...)* **No** ☐ **Yes** ☐

   If yes, please provide details:

   _____

   _____

   _____

2. Is your child **allergic** to any medication? **No** ☐ **Yes** ☐

   If yes, please provide details:

   _____

   _____

   _____

3. Is your child currently taking any **prescription medication**? **No** ☐ **Yes** ☐

   If yes, please provide details:

   _____

   _____

   _____

4. Does your child wear/use:

Eye glasses	**No** ☐	**Yes** ☐
Contact lenses	**No** ☐	**Yes** ☐
A hearing aid	**No** ☐	**Yes** ☐
A medical alert bracelet/necklace	**No** ☐	**Yes** ☐
An inhaler/puffer	**No** ☐	**Yes** ☐

5. Please provide any additional information you feel is relevant to your child's health.

   _____

   _____

   _____

I, _____, am the Parent/Legal Guardian of _____ (the "Child"), who has registered with the Caledon Cougars Basketball Association (CCBA) for the 2026-27 CCBA League program(s). I hereby authorize CCBA and its directors, officers, members, coaches, referees, servants and agents to act for the undersigned Parent/Guardian, using their best judgment, in any emergency that requires medical attention and/or treatment for my Child as a result of my Child's participation in the 2026-27 League program(s).

Parent/Legal Guardian Name: _____ Signature: _____

"Thank you for sharing our interest in your child's safety."